

FILED MAR 24 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital (D)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town No Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Route 10
(If rural, give location) 0
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Volen Pence

3. (b) If veteran, name war no 3. (c) Social Security No. 489-30-3937

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathryn Pence 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 15 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Kearney Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station

11. Industry or business Mobil Oil Co

12. Name Joseph Pence

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Zona Roberson

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Pence

(b) Address Rt 10 - No Kansas City

17. (a) Burial (b) Date thereof 3/9 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Walter Funeral Home

(b) Address No Kansas City

19. (a) 3-2-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1945 hour 12:10 minute A M.

21. I hereby certify that I attended the deceased from 2-5-45
since 19____ to _____ 19____;

that I last saw him alive on 5-6 45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vasculature - 2 days

Due to Mild hypertension - 2

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83

Major findings: Of operations _____

Of autopsy hemorrhage left frontal lobe

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature R. W. Dunham MD (M. D. or other) _____
Address North KC, Mo Date signed 3/1/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

50 5000

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *John S. Mattow*

Licensed Embalmer No. *4349*

P. O. Address..... *20 W. C. Street*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.